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Narratives in Oncology

The Best Thing I Saw at ASCO

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Disclosures of potential conflicts of interest may be found at the end of this article.

The 2017 American Society of Clinical Oncology (ASCO) annual meeting was a practice-changing event sure to excite even the most dispassionate among us. In my own field of gastrointestinal oncology, there were seismic alterations in the way many will now approach adjuvant therapy in colorectal and biliary tract cancers. And as we enter the brave new world of histology agnosticism, even Kuhn would be impressed by the paradigm shift in progress. I wouldn't be surprised to find pembrolizumab in the water supply soon.

But for all the razzle-dazzle on display in McCormick Place's vast halls, the best thing I saw at ASCO happened off-site, in a meeting where I was the only clinician present. This was not an investigator-initiated encounter either, but rather the result of digital engagement with a layperson.

What I saw was the face of a former patient, a man who tracked me down online 6 years after I had treated him during fellowship. He lives in the Chicago area and kindly invited me to join him and his wife for a meal on the Friday of the meeting's long weekend.

I could hardly have asked for a better start to my ASCO experience, and indeed, it proved to be an insurmountable high point of my time at the conference. I've often questioned the seeming arbitrariness by which we've defined 5 years beyond treatment as the threshold of cure (what then of the unfortunate outlier who relapses in their 61st month after chemo?). But here, across the table, was the corporeal manifestation of a survivor. His computer-aided detective work had already proven to me that he remained nimble of mind, but his strong handshake could only be appreciated in person and left a fossil-indelible impression of robust health recaptured. His eyes sparkled. He smiled. These are the tiny, crucial details too prolix to be placed in the medical record at a clinic visit.

And to look at him—"appears younger than stated age, ECOG 0"—you would never know what he had endured to enjoy a carefree lunch. His curly hair had long since rebounded from anthracycline-induced alopecia, but he retained the vivid memory of his first "dance with the red devil." The legacy of his vincristine infusions persisted in the strangely numb contact between his bare soles and the bedroom floor with the first footfall of each new morning, grateful as he was to see another dawn.

For all the talk of cycles in oncology, the assumption might be that we conclude treatment by depositing our patients right back where they started. The truth is that such perfect circles

From the left, the patient, his wife, and Dr. Lewis, his treating oncologist, 6 years ago. Photo credit: Mark A. Lewis, M.D.

belong to the mathematicians, unbetrayed by their formulae. The way in which this man circumnavigated his oncologic experience left him forever changed, having voyaged on a cellular ship of Theseus. As genuinely delighted as I was to hear about his vitality, to track the inspiring journey from biopsies of his iliac crest to his sucking the marrow out of life, I could not escape the guilt of having inflicted long-term toxicity.

If we are tempted to boast of our victories as oncologists, hanging the cures we've enabled proudly round our necks like gold medals, then, in the spirit of equipoise, we should also bear the albatross of indelible side effects. Am I glad to have given my patient more joyous time with his wife and family? Of course (as a parent myself, grandchildren sound like the most wonderful return on investment). Do I wish I could have been

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more discriminating between tumor and host? Again, of course.

Every time I make a therapeutic decision in my practice, I must weigh efficacy against tolerability. Our capacity for such judgments is, perhaps, the only job security we have as medical oncologists, lest our chemo-dispensing powers be ceded to deep learning algorithms. But I was pleased to see, at ASCO 2017, the attention and thought paid to the experience of those under our care. The great physician-author Siddhartha Mukherjee, truly the poet laureate of our field, reminded us in his opening address to "remember what it's like for a patient entering this world." As we move forward in this discipline, it's crucial to value the days, months, and years we can add beyond the treatment of cancer but also to preserve the quality of that extended time to avoid a painful coda. We must prize both what we can enumerate and what we cannot.

Our patients themselves are the ultimate, exclusive arbiters of such intangibles. Long may they live. Long may they thrive.

Disclosures
The author indicated no financial relationships.

For Further Reading:
Seamus O'Reilly. The Letter to Which I Couldn't Reply. ***The Oncologist*** 2014;19:576.

Excerpt:
The letter arrived on Tuesday.

Although it had been written by the patient 4 months earlier, it arrived simultaneously with a letter from the hospice outlining the sender's death the week before. The hospice letter summarized an illness with cancer that had started 4 years earlier. Initially starting with the crisis of diagnosis, it tracked the subsequent optimistic hope of cure, the hardships of adjuvant chemotherapy, the adjustment of survivorship, followed by the onset of chest discomfort 2 years later, and with it the devastation of relapse and the shattering realization of impending mortality that would leave a grieving widower and children without a mother.